

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

4302
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4721</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Billings</u>		c. LENGTH OF STAY (In this place) <u>6 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Billings</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>None</u> c. (Last) <u>Smith</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2 8 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-20-1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>4</u>		11. DAYS <u>19</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Thomas Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Price</u>		14. NAME OF HUSBAND OR WIFE <u>Dolly Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dolly Smith</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. ADDRESS <u>Billings, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign hypertrophy of Prostate</u> <u>1 yr</u> DUE TO (c) <u>Diabetes mellitus</u> <u>6 yrs</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of neck of left femur</u> <u>5 wks</u>			
19a. DATE OF OPERATION <u>1-12-49</u>				19b. MAJOR FINDINGS OF OPERATION <u>Fracture of neck of left femur</u> <u>9-10-20</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Billings</u>		21d. COUNTY <u>Christian</u>	
21e. STATE <u>Mo</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. HOW DID INJURY OCCUR? <u>Fell in back yard</u>		<u>22</u>	
22. I hereby certify that I attended the deceased from <u>July 25, 1940</u> , to <u>Feb 8, 1949</u> , that I last saw the deceased alive on <u>Feb 8, 1949</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Spears, M.D.</u>				23b. ADDRESS <u>Billings, Missouri</u>		23c. DATE SIGNED <u>Feb 19 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smart</u>		24d. LOCATION (City, town, or county) <u>Christian</u>	
24e. STATE <u>Mo.</u>		24f. DATE REC'D BY LOCAL REG. <u>2-10-1949</u>		24g. REGISTRAR'S SIGNATURE <u>Alline Drier</u>		24h. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	
24i. ADDRESS <u>Clever, Mo.</u>		24j. DATE <u>60</u>		24k. SIGNATURE <u>John Dean Harris</u>		24l. ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Missouri Health Officer No. 3

Health Officer No. 349-220

Date 3-3-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Rean Harris

Licensed Embalmer No. 4390

P. O. Address *Cleves, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.